



National Center on
Substance Abuse
and Child Welfare

SUBSTANCE-EXPOSED INFANTS IN-DEPTH TECHNICAL ASSISTANCE (SEI-IDTA)

SITE PROFILE

VIRGINIA

LEAD AGENCY: DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES (DBHDS)

PROJECT ABSTRACT

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) sought technical assistance through the SEI-IDTA initiative to assist the Commonwealth to: (1) develop a common vision and coordinated response across state systems to serve women who use or are at risk of using substances, and their families; and, (2) assess laws, policies, and practices that pertain to serving these women and children and make appropriate changes to ensure that they receive needed medical screening, brief intervention, and referral services to all women of child-bearing age.

In 2000, Virginia enacted two laws that set forth substance use screening and reporting requirements for health care providers and hospitals. Code of Virginia (COV) 63.2-1509 mandates that providers file a report with child protective services if they suspect a newborn was exposed to illegal drugs in utero, and COV 32.1-127 directs hospitals to refer identified substance-using women and their newborns for needed services. The two laws were intended to complement the earlier law COV 54.1-2403.1 that requires prenatal providers to screen women for substance use.

Subsequent legislative studies in 2000–2002 found that few women and children were identified and referred to services; that there was misinformation across systems about the laws' expectations, confidentiality regulations (42CFR Part 2), and mandates regarding services, and that little collaboration or coordination existed between health care, child welfare, and behavioral health systems. Despite numerous efforts to collaborate and educate providers across systems about the multiple needs and complexities involved in serving this population, there had been few changes. Hospital reports to Child Protective Services had not increased significantly and referrals to treatment had actually declined.

Two state reports focus on this population, highlighting the difficulties with intervening, the deadly consequences, and the need to better coordinate efforts. The Virginia Department of Health Child Fatality Review Team published its study, *Sleep Related Infant Deaths in Virginia* (March 2014). The report revealed that 95% of the deaths reviewed were “probably preventable.” It identified substance use as a contributing factor and recommended that

DBHDS “convene an interagency workgroup to assess Virginia’s legislation and its policies and practices, and to develop a coordinated response for the Commonwealth.”

The Virginia Department of Health Maternal Mortality Review Team (MMRT) issued a report on Pregnancy Associated Deaths from Drug Overdose in Virginia 1999–2007 in April 2015. The MMRT found that substance use was a significant factor in 96 (24.2%) of the 397 deaths they reviewed, and that slightly more than 10% (41) of these deaths were the direct result of drug overdoses, mostly from accidents or suicides. The report identified Virginia’s fragmented health care system and the need for care coordination, consultation services, and training for providers as major gaps in services.

KEY PARTNER AGENCIES

The Virginia Department of Behavioral Health and Developmental Services was the lead agency for the Virginia IDTA initiative.

- Behavioral Health
 - Virginia Department of Behavioral Health and Developmental Services
- Child Welfare
 - Virginia Department of Social Services
 - Child Protective Services
- Early Childhood Education/Child Care
 - Home Visiting Consortium

MAJOR PROGRAM GOALS

The goals were identified as:

- Goal 1: State agencies will adopt a shared vision and coordinated systems approach that includes outreach, referral, medical care, behavioral health, and child welfare treatment services.
- Goal 2: Virginia will evaluate the implementation and effectiveness of state laws that address perinatal substance use and identify needed updates and changes as well as strategies to improve their implementation.
- Goal 3: Virginia will develop a system of care (e.g., medical, home visiting, behavioral health and child welfare), which ensures that all women of childbearing age receive screening, brief intervention, and referral to treatment services for behavioral health risks.

ACCOMPLISHMENTS

- The team's legislative workgroup developed and disseminated a survey to community services boards (CSBs) across the state, which are a single point of entry to substance use and mental health services in Virginia. The surveys asked about identification, referral, and triage practices between opioid treatment providers (OTPs), CSBs, and medical professionals for pregnant women and infants. Results informed practice guidelines for CSBs working with pregnant and postpartum women and their infants, including their role in implementing plans of safe care. The draft guidelines were presented at a statewide conference in June 2017 and are being finalized to include information about plan of safe care development and implementation.
- The prenatal workgroup developed and disseminated a survey to 30 OTPs across the state, the majority of whom are private providers. Results showed that many OTPs inconsistently address infant/family concerns and do not provide or connect patients to other therapeutic services. OTPs connected with CSBs were much more likely to share information and coordinate with other systems to address the range of other needs for women and their families. Survey results are being used to develop guidelines for OTPs for serving pregnant and postpartum women. The state opioid authority is working on incorporating some of the guidelines into state regulations.
- The infant workgroup developed a draft guidance document for implementing plans of safe care in Virginia, which includes a draft universal discharge summary for use by birthing hospitals. The team will continue to work on the development of the Virginia plans of safe care model.
- Core team members provided extensive input into Virginia's 1115 Medicaid Waiver Application, particularly as it relates to pregnant and postpartum women with opiate use disorders. The application, approved in December 2016, proposed a comprehensive transformation of the current service delivery system, with full integration of physical health, mental health, and addiction and recovery treatment services in Virginia's Managed Care Organizations.
- The 2017 Virginia General Assembly passed three bills that support infants with substance exposure and their families. These included marking the first week of July as substance-exposed infant awareness week; designating NAS as a reportable health condition to the board of health; and empaneling a committee to identify barriers to treatment for substance-exposed infants and their families. The committee included several members of the Virginia SEI-IDTA collaborative.

PRODUCTS

- Opioid Treatment Provider Survey
- Opiate Treatment Program Guidelines for Pregnant Women
- Community Service Board Survey

- Community Service Board: Facilitating Prenatal and Postpartum Referrals from Medical Providers to Community Service Boards
- Plan of Safe Care Toolkit
- Revision of the Brochure: Perinatal Substance Use: Promoting Healthy Outcomes

CONTACT US

For questions about this resource or to request technical assistance, please contact NCSACW at ncsacw@cffutures.org or 1-866-493-2758.